

Billing for Medicaid Swing Bed Days



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Note: Information in this slide show is only applicable when Medicaid is/or has become the primary payor

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Swing Beds in Washington State

Administered by three state agencies:

- Department of Health – licenses swing beds; certifies for Medicare/Medicaid payment; surveys swing beds
- Aging and Disability Services, DSHS – authorizes admission, discharge; sets daily rate reimbursement
- Health and Recovery Services Administration / Medical Assistance, DSHS – processes reimbursement; sets hospital ancillary rate policy

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What is a Swing Bed?

- An acute care hospital bed that is
 - allowed to be used for long term care purposes by Certificate of Need
 - (questions? Beverly Court, Department of Health beverly.court@doh.wa.gov)
 - certified by Medicare to provide acute or long term care
- meets state licensure requirements for the provision of both acute and long term care

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Medicare Swing Bed Certification Requirements

- Differs by hospital type:
 - Critical Access Hospitals

http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr485_04.html

- Not a Critical Access Hospital

http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr482_04.html

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State Licensure Requirements

- Hospital licensure requirements the same whether a distinct part long term care unit or swing bed
- <http://apps.leg.wa.gov/wac/default.aspx?cite=246-320-765>

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How Does a Medicaid Client Become Placed in a Swing Bed for LTC?

- Clients can only be placed in Swing Beds for long term care after they are determined to be “functionally eligible” for long term services as a result of a Comprehensive Assessment done by the Regional Home and Community Services Office

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What are the Client Related Requirements for a Qualified Facility to Bill for a Medicaid Swing Bed Day for LTC?

The client :

- must be Medicaid Eligible
- must be assessed and found to be “Functionally and Financially Eligible” for Institutional Long Term Care (LTC)
- must have Medicaid Award Letter authorizing institutional benefits in effect for the dates of service billed.
- must not be receiving inpatient acute care on the dates of service that swing bed days are billed (exception, swing bed day of discharge)

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What Conditions Qualify a Medicaid Client for LTC in a Swing Bed?

- Assessments are the main tool used to determine eligibility for a Medicaid client for long term care benefits.
- Assessments focus on the client's ability to perform Activities of Daily Living (ADL) rather than on specific medical conditions.
- Contact Regional Home and Community Services office for specific details or questions

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How Long Can a Medicaid Client Stay in a Swing Bed for LTC?

- A Medicaid client can stay in a long term care swing bed as long as the financial and functional eligibility continues.
- Home and Community Services Division of Aging and Disability Services Administration conducts reviews and reauthorizes clients receiving long term care services administered by ADSA.

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What are appropriate Discharge Procedures for Medicaid LTC Clients?

- The local Home and Community Service Office will help in determining the appropriate discharge time and discharge destination.

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How is the Medicaid Swing Bed Daily Rate Determined?

- The Medicaid swing bed daily rate is the approximate statewide average nursing facility daily rate for the previous state fiscal year.
- This statewide swing bed daily rate is calculated yearly and is in effect July 1st through June 30th.
- The rate is paid based on dates of service.
- This rate includes payment for services and supplies ordinarily provided in long term care facilities.

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What Gets Reimbursed by Medicaid for Swing Bed LTC?

- Through Aging and Disability Services Administration the Swing Bed Daily Rate covers all the necessary and ordinary costs related to a client's daily needs.
- Through Health and Recovery Services Administration, any pharmacy needs are billed through the "point of sale" system. Any medical needs are provided only upon the occurrence of an incident such as a broken limb or need for the emergency services.

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What Services are Reimbursed by Medicaid for Swing Bed-LTC clients?

- Medicaid reimburses for all covered and medically necessary services provided to client's as one or more of the following:
 - LTC Swing Bed Daily Rate
 - Co-existing "point of sale" claim
 - Co-existing outpatient hospital claim or
 - Claim for services and supplies not included in the Swing Bed Daily Rate

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LTC Swing Bed Daily Rate

- This rate is reimbursed by Aging and Disability Service Administration and includes all of the necessary and ordinary costs related to a client's daily needs.
- The following are **examples** of necessary and ordinary services and supplies:
 - ✓ Therapies
 - ✓ Over the counter medications
 - ✓ Basic mobility aids
- Provider number must begin with "42"
- Billing form UB-92/837i

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Co-Existing "Point of Sale" Claim

- These Claims are paid by Health and Recovery Services Administration
- Provider number must begin with a "6"
- Type of Bill is "Point of Sale" (POS)

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Co-existing Outpatient Hospital Claim

- These claims are paid by Health and Recovery Services Administration
- Outpatient claims are only allowed in combination with claims for Swing Bed Daily Rate payments when the service is not included in the Swing Bed Daily Rate and there is a separately identifiable medical event requiring acute care i.e.: emergency room visit
- Type of bill is 131
- Provider number must begin with " 3 "
- Billing form UB-92/837i

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Claim for Services and Supplies not included in the Swing Bed Daily Rate

- These claims are paid by Health and Recovery Services Administration
- These services and supplies are not readily available in a long term care facility, Examples of such services might include:
 - ✓ Eye glasses
 - ✓ Hearing aides
 - ✓ Dentures
- Type of bill varies, but is not 131
- Provider number varies, but does not begin with " 3 " or "42"
- Billing form varies: HCFA-1500, ADA but not UB-92 or 837i

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Prescription Pharmacy Claims

- These claims are paid by Health and Recovery Services Administration
- Provider number must begin with "6"
- A pharmacy should bill these claims through the Point of Sale (POS) system.
- All pharmacy program rules and pricing algorithm apply to these claims.

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How to Bill

- For **LTC services in a swing bed** please bill the "Swing Bed Daily Rate" using the Provider Number beginning with "42"
- For **inpatient acute care in a swing bed** please bill using the appropriate Hospital Provider Number that begins with a "3". Will not be reimbursed for same dates of services as LTC services in a swing bed.
- For **other covered acute care** provided by the hospital while the client is in LTC status in a swing bed, bill using the appropriate Hospital Provider Number that begins with a "3".
- For **prescription pharmaceuticals**, bill through the "point of sale" system.

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Billing Instructions

- Hospital Billing Instructions (BI) and Washington Administrative Code (WAC) updates are in process presently.
- Please provide HRSA with input by June 1, 2006 on what additional information you feel is needed to make these BI and WAC documents useful to you.
- Send input to Larry Linn at linnld@dshs.wa.gov.

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Valid Outpatient Claim (Sample Claim)

Revenue Code	Description	Proc Code
0250	Pharmacy	
0270	Med Surg Supply	
0320	Radiology	72040
0320	Radiology	73030
0450	Emergency Room	99283

**UB-92/837i, Bill Type 131

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Invalid Outpatient Claim (Sample Claim)

Revenue Code	Description	Proc Code
0420	Physical Therapy	*Add proc
0270	Occupational Therapy	*Add proc

These services are considered to be included in the swing bed long term care daily rate and are therefore not separately billable.

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What to do when a Medicaid Swing Bed Billing is Denied?

- Review Remittance Advise
- Review this presentation and/or
- Contact MACSC - Medical Assistance Customer Service Center at 1-800-562-3022

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Use Matrix for Claim Types

Services	Swing Bed Daily Rate (#42.....) Claim type	Outpatient Hospital Claim (#3.....) Claim type 131	Point of Sale (6.....) Claim type ?	Med Vendor Claim (#.....) Claim type ?
Swing Bed Daily Rate	Ok	No	No	No
Eye Glasses	No	No	No	Yes